



**REQUEST FOR INTERPRETER/
ASSISTIVE TECHNOLOGY
ATTORNEY WHO IS DEAF/HARD OF HEARING**

Case No. _____
Court _____
County _____

Attorney Name: _____

Telephone: _____

Address: _____

****Attorneys are encouraged to submit requests at least two (2) weeks prior to the proceeding.****

Attorney requests interpreter/assistive technology as follows:

1. Type of proceeding: ____ criminal ____ civil
2. Case Name: _____
3. Case Number: _____ Presiding Judge: _____
4. Date interpreter or assistance needed: _____ Time: _____
5. Type of interpreter needed: ____ ASL ____ Signed English ____ Certified relay interpreter
____ Other (please specify): _____
6. Specify the type of assistive technology needed: ____ Real-time Computer-aided Transcription Services
____ Assisted listening device/system ____ Other (please specify): _____
7. Special requests or anticipated problems: _____

I declare under penalty or perjury under laws of the State of Kentucky that the foregoing is true and correct.

(Print Attorney's Name) (Attorney's Signature) (Date)

FILE WITH THE CIRCUIT COURT CLERK'S OFFICE

Presiding Judge's Use Only

Request for interpreter and/or assistive technology is: ____ Granted ____ Denied

Reason denied: _____

Date: _____ Signature: _____

UPON COMPLETION, FORWARD TO DESIGNATED CONTACT PERSON FOR SCHEDULING

Once an attorney has been determined to be qualified to receive interpreting services he or she will not be required to re-establish his or her qualifications in future court proceedings before the same presiding judge.

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